## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V18496

(2)

CONSUMERS INSURANCE GROUP, INC.

**FILED** May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				a idali Attate itsel ifiti diata intif atte	Tieni giëli Giáli £ieli Afêli	₩1811 1981	
13542 N. FLORIDA AVE. #216			13542 N. FLORIDA AVE. #216 TAMPA FL 33613				
TAMPA FL 33613					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified 03/03/1992		
2. Principal Pl	Busch Blvd. Tampy 1:	2a, Mailing Address	Mailing Address 702 W. Busch Bld. Tampa, Tl. 33612		4. FEI Number 59-3112125	h	plied For t Applicable
Suite, Apt. #, etc.		Suite, Api. #, elc.			S8 75 A		
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00 :		
Zip Country		Zip Country		Trust Fund Contribution			
<del> </del>		29	·· ¬		B. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
Jorgensen, Preben			81	Name T			
	11 LAKESHORE DRIVE		82	Street Addre	ess (P.O. Box Number is Not Acceptable	ə)	
נטו	Z FL 33549		83				
			94	03			200
			84	City		FL 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutos.							
SIGNATURE Signature, bytest or product corns of registerest inject and till of acquire about the of acquire and till of acquire about the of acquire acquired Apent signature required when reinstating)  OATE							
12,		ID DIRECTORS	13.	- 4-	ADDITIONS/CHANGES TO OFFICE		S IN 12
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NAME	JORGENSEN, PREBEN		1.2 NAME	Ϋ́	rent J. Randazzo		
STREET ADDRESS	18711 LAKESHORE DRIVE		1.3 STREET		108 Samy Dr.		
CITY-ST-ZIP TITLE	<u>L</u> UTZ FL	LO12 FL 14.0 ☐ DELETE 2.11		T-ZIP TO	impa, Fla. 33613	Change	Addition
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STREET ADDRESS			3.3 STREET				
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CITY-ST-ZIP			5.3 STREET	į			
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NAME			6.2 NAME				1
STREET ADDRESS			6.3 \$1RE(1	ADDRESS			
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14, i nereby c	eruiy mai me information supplied v	vim mis filing does <b>not qua</b> lify	ior the exemp	uon stated in 5	Section 119.07(3)(i), Florida Statutes. I fu	amoer certify that the	irirormation

optemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in n an attachment with an address.

4-29-98